

PATENT APPLICATION FEE DETERMINATION RECORD

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Application or Deckel Number

10/707163

APPLICATION AS FILED - PART

FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)			
BASIC FEE (37 CFR 1.16(a), (b), or (c))									
SEARCH FEE (37 CFR 1.16(d), (f), or (m))									
EXAMINATION FEE (37 CFR 1.16(e), (g), or (j))									
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =		X		X				
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 1 =		X		X				
APPLICATION SIZE FEE (37 CFR 1.16(i))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			TOTAL		TOTAL				
* If the difference in column 1 is less than zero, enter "0" in column 2.									
APPLICATION AS AMENDED - PART II									
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Total (37 CFR 1.16(j))	14	Minus " 20	X 25			X .50			
Independent (37 CFR 1.16(h))	2	Minus " 3	X 100			X 200			
Application Size Fee (37 CFR 1.16(g))			180			360			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))			TOTAL ADD'L FEE			TOTAL ADD'L FEE			
5-26-06									
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Total (37 CFR 1.16(j))	14	Minus " 20	X 25			X .50			
Independent (37 CFR 1.16(h))	2	Minus " 3	X 100			X 200			
Application Size Fee (37 CFR 1.16(g))			180			360			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))			TOTAL ADD'L FEE			TOTAL ADD'L FEE			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

You have assistance in completing the form by calling 1-800-870-3100 and selecting option 2.